

**Texas WHCoA Solutions Forum – Testimony from Carol Zernial**  
**“Statewide Initiatives to Help Communities Address the Rapid Aging of America,  
Increased Longevity and Diversity of Older Individuals”**

Good morning, Dr. Aparicio and Dr. Arredondo from the White House Conference on Aging Policy Committee, Commissioner Hine, Senator Nelson, other distinguished guests and stakeholders, and fellow White House Conference on Aging delegates. Thank you to Chris Kyker and the Texas Silver-Haired Legislature for hosting this important event in the lives of older Texans.

The United States is facing the aging of the largest demographic cohort, 77 million baby boomers, in its history. We must also consider the fact that this aging boom is accompanied by a longevity boom. These 70 million plus persons will live longer than any generation in the history of man. The rise in the numbers of aging citizens with perhaps one quarter of their lives left to live will affect not only our health and human services, but also change the way we think about the life cycle of education-work-retirement. It will demand changes from transportation systems, land use, and housing, to economic development and civic engagement. Over the course of the next three decades, the growing number of seniors will have a direct and dramatic impact on virtually every community in the nation. Despite this demographic forecast, few communities have begun to prepare for the aging of their population, and no organization is charged with taking a systematic and comprehensive approach to addressing, developing, and implementing innovative changes that must occur over the next ten years when we have the largest window of opportunity.

As Chair of the National Institute of Community-based Long-term Care and a former director of an area agency on aging, it is evident that some of this work has already begun and the leaders in this effort are members of the Aging Network. Out of the first White House Conference on Aging in 1961, the Older Americans Act successfully established this national infrastructure whose core mission is to plan and coordinate for an aging population. The State Units on Aging, the Area Agencies on Aging, Title VI Native American Agencies, and their partners, which include local elected officials, are the logical choice to engage stakeholders in developing strategies for livable communities and disseminating best practices, such as those mentioned today, nationwide.

**We must establish a new title within the reauthorization of the Older Americans Act to authorize State Units on Aging, Area Agencies on Aging and Title VI Native Americans Agencies to proactively prepare for the aging of the population. This new title can be funded on a non-formula basis with a minimum level of funding, and additional formula-based funding to increase subsidies to more heavily populated services with a 25% match. We need to establish a National Resource Center on Aging in Place to provide the necessary guidance, training and technical assistance to the Aging Network. These programs can be evaluated and allowed to sunset after ten years, when that window of opportunity is closed.**

I would like to share with you a few examples of the types of activities the Aging Network can facilitate, including statewide efforts to assist communities in preparing for a diverse and growing aging population. The Aging Texas Well initiative says that “we age well through foresight, preparation and creativity.” While it stresses individual responsibility, it is also comprehensive in nature, addressing 15 different areas in which communities might affect change to take advantage of the strengths older citizens can offer and to minimize the risks for the most frail and vulnerable. The Aging Texas Well grants to the 28 area agencies on aging in Texas demonstrate the effective deployment of this strategy throughout the state in only a two-year period. From there, the area agencies and their partners at the local level are organizing local Aging Texas Well Committees who will work to implement the recommended changes.

The Florida Department of Elderly Affairs sponsors *Communities for a Lifetime*, an initiative to plan and implement improvements to benefit residents of all ages. They have 73 participating counties and communities who have identified the needs of their local area, addressing the diversity of the local population. These efforts have resonated outside the state. The Tarrant County Commission on Aging, an advisory committee to the Tarrant County Commissioners’ Court, in partnership with the Tarrant Area Agency on Aging and the United Way of Metropolitan Tarrant County, has adopted this initiative. They have held three *Communities for a Lifetime* Summits over the past 3 years with participation from across the spectrum of governments, service providers, businesses, and other stakeholders. They are in the process of identifying 4 cities that will become model sites to implement changes in policy and infrastructure addressing housing, transportation, physical/mental well-being, or social/civic engagement. They see the key to their success as their ability to secure the support of the local mayor and city officials, without whom systemic change would be impossible.

***Communities for a Lifetime* is an important concept that should be reflected in policies that grow out of the 2005 White House Conference on Aging. We are seeing the first generations to experience long life in great numbers, but there will be many more afterwards. Changes in infrastructure and policy that assist older persons and persons with disabilities ultimately help all persons in the community. These are not policies for 25% of the population that make up the aging boom; these are policies that help 100% of the population across a lifetime.**

Improving the quality of health care is an important issue that states and communities see as essential in preparing for the future. Persons who are living longer must live longer with decreased disability and chronic disease. The National Governor’s Association recognizes that preventive measures not only prevent disease but they prevent costs as well. They have released a list of states that mandate that Medicaid and/or insurers include preventive care such as breast, cervical, and colorectal cancer screening. They have recommended that state governments find a way to cover preventive services for Medicaid enrollees, because they are the most likely to lack access to routine health care. In July 2005, the Associated Press reported that “virtually all deaths from cervical cancer are preventable, yet the disease will kill almost 4,000 women in this country this year. Frustrated scientists know who most of them will be: black women in the South,

Hispanics along the Texas-Mexico border, white women in Appalachia and the rural Northeast, Vietnamese immigrants.” They are also recommending policies that expand access to long-term care insurance. This access would decrease the burden on states and allow persons to receive a spectrum of privately funded long-term care. These recommendations should also include measures to allow care in the least restrictive environment and facilitate aging in place.

Preventing chronic diseases such as heart disease, diabetes, and some forms of cancer are also possible through diet, nutrition and health education, behavior modification, and exercise programs. The Aging Network can be a powerful partner in these efforts as the first evidence-based disease prevention grants have demonstrated through the partnership between the Administration on Aging and several private foundations. Delivering services through a community-based setting can reach large groups of people who do not have a primary care physician or routine healthcare. These grants operating in several states, including sites in San Antonio and Houston, increase older people’s access to programs that have proven to be effective in reducing their risk of disease, disability and injury.

**Efforts that are proactive, promote chronic disease management and preventive approaches to health care must be supported by policies under Medicaid and Medicare. CMS must look at the Aging Network as their partner in accessing and controlling health care. Funding should be added to Title III-D of the Older Americans Act to pilot more community-based efforts to promote disease prevention services at the grassroots level.**

California is one of a handful of states, including Minnesota, Wisconsin, Massachusetts, Texas, Arizona and Florida, that is attempting to create an integrated system of long-term care. These states recognize that the status quo on health care is untenable over the long run. The pilot site in San Diego County, under their Aging and Independence Services, will combine both Medicaid and Medicare funding for a primary, acute and long-term care system serving persons who are over 21 and eligible for Medicaid, or over 65 and dually eligible. They have taken the best from established models: eliminating waivers for home and community-based care because these services are available to everyone, creating a consumer-directed approach favored by persons with disabilities, and providing strong care management to help consumers maximize their health care and eliminate unnecessary institutionalization. This model recognizes that minority populations are expected to represent 25% of the older adult population by 2030. One of the most important elements, therefore, is the focus on the need to be culturally competent and address diversity of all kinds. Every process being developed takes into account the language preferences of the local population, other impacts on the health and well-being of older persons and persons with disabilities that can be environmental, architectural, logistical, societal and cultural, the full spectrum of increased access needs of persons with disabilities and the elderly, and the difference between addressing acute and chronic conditions and disabilities.

**Policies that pit Medicare against Medicaid, states against the federal government, community providers against institutions, and fail to take into consideration the preferences of consumers perpetuate the current system of care that is fragmented and difficult to access where persons want to live. New policies need to be developed that organize acute and long-term care financing and service delivery into an easily accessible repertoire of services and providers that can provide cost-effective care with continuity that is sensitive to the diverse needs of the consumer.**

Some communities see information as the key to preparing for the future. The Center for Home Care Policy and Research reports that people most likely to need or use services are the ones least likely to know where to turn for information about such services. Nearly 28% of elders in fair or poor health do not know whom to call, compared with 18% of older people in excellent, very good, or good health. *Just1Call* is an example of a free, one-call system to access information about programs and services for older and disabled people in Mecklenburg County, North Carolina. It is available to older people, adults with disabilities, family caregivers, service providers, care managers – anyone who wants information about services in the area. The 24/7 emergency line is staffed with a social worker, increasing the availability of cooperation between social services and emergency service workers who often call during off hours. *Just1Call* provides assistance in more than 140 languages.

*Planning for Elders in the Central City* (PECC) of San Francisco, California is a coalition that wants to increase funding for and coordination of health and supportive services to help persons age in place, create empowerment training and advocacy opportunities in a range of languages, and rebuild a sense of community regardless of age, disability, or language. Their *Senior Survival School* is a multilingual education and training program that teaches older adults how to access community-based health and supportive services. Empower University (Empower U!) provides education, training, and support for long-term care consumers and self-advocacy for daily life.

The Aging and Disability Resource Centers, created by grants from CMS and the Administration on Aging, are important examples of harnessing the power of information to promote individual choice, self-determination, independence and improved decision-making. These centers eliminate duplicative intake and eligibility functions, and make recommendations across multiple funding streams. Through a single point of entry, they help persons in the community easily identify who to call for help, to distill their options, and to access long-term care services.

**Systems that integrate services, eliminate confusion, and provide vital information will grow in importance as the demand for services increases along with the sophistication of the consumer. CMS and the Administration on Aging should permanently authorize Aging and Disability Resource Centers within every planning and service area in the nation. Because Area Agencies on Aging often already serve as the information and referral provider or 211 providers in their local communities, they should have the right of first refusal to be designated as the Aging and Disability Resource Center within their service area.**

I would like to close by thanking the Texas Silver-Haired Legislature for the opportunity to testify today on behalf of the seniors whose quality of life, dignity, and independence often relies on home and community-based options of care. The upcoming White House Conference on Aging tells us that now is the time for vision, the kind of far-sighted vision that can create a reality that capitalizes on the tremendous resource that older persons represent in our society. It is the time for action, for a proactive approach to preparing communities to empower and enable all persons to maximize their independence. Now is the time to reach back and learn from the past, standing on the shoulders of the delegates of the first White House Conference whose work had such far-reaching results and success, to create a new future for the diverse persons of this nation, all of whom are aging and wish to live successfully in their communities for as long as possible.

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**Resources**

AdvantAge: Improving Communities for an Aging Society

[www.vnsny.org/advantage](http://www.vnsny.org/advantage)

Administration on Aging

[www.aoa.gov](http://www.aoa.gov)

Aging Texas Well

[www.dads.state.tx.us/services/agingtexaswell](http://www.dads.state.tx.us/services/agingtexaswell)

The Center for Home Care Policy and Research

[www.vnsny/research](http://www.vnsny/research)

The Centers for Medicare and Medicaid Services

[www.cms.gov](http://www.cms.gov)

Communities for a Lifetime

[www.communitiesforalifetime.org](http://www.communitiesforalifetime.org)

Just1Call

[www.just1call.org](http://www.just1call.org)

The National Association of Area Agencies on Aging

[www.n4a.org](http://www.n4a.org)

The National Governor’s Association Aging Initiative

[www.nga.org](http://www.nga.org)

San Diego County Long Term Care Integration Project

<http://www.sdcounty.ca.gov/cnty/cntydepts/health/ais/ltc/index6.html>

Senior Survival School

[www.seniorsurvivalschool.org](http://www.seniorsurvivalschool.org)